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## **OFFICE OF THE MISSISSIPPI S**

Business ID: 913749
Date Filed: 06/08/2007 08:00 AM
Eric Clark
Secretary of State

P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Certificate of Formation

\*0100-1-2\*

The undersigned hereby executes the following document and sets forth:

	1. Name of the Limited Liability Company											
⇔	Renaissance Store 2 LLC											
	2. The future effective date is (Complete if applicable)				08/01/2007							
	3. Federal Tax ID (Do not put Social Security Number in the box)											
⇒	26-0299617											
	4. Name an	4. Name and Street Address of the Registered Agent and Registered Office is										
⇔	Name	Jennifer L Simmons										
⇔	Physical Address											
⇒	P.O. Box											
⇒	City, State, ZIP5, ZIP4		Flowood			MS		39232 -				
	5. If the Limited Liability Company is to have a specific date of dissolution, the latest date upon which the Limited Liability Company is to dissolve											
⇒							***************************************					
	6. Is full or partial management of the Limited Liability Company vested in a manager or managers? (Mark appropriate box)											
⇔		Yes	<b>1</b>	1	No							
	7. Other matters the managers or members elect to include											
⇒												
⇒												

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## OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333

\*0100-2-2\*

**Certificate of Formation** 

	By: Signature		Jennifer L Simmons	(Please keep writing within blocks)						
	Printed Name Street and Mailing Addre		Jennifer L Simmons	Title						
					Manager					
⇔	Physical Address									
⇔	P.O. Box									
⇔	City, State, ZIP5, ZIP4  By: Signature  Printed Name		Flowood	MS	39232 -					
			Kathry Shadrung	(Please ko	(Please keep writing within blocks)					
			Kathryn Shamburger	Title	Manager					
	Street and Mailing Address									
⇔	Physical Address	270 Dogwood Blvd								
⇒	P.O. Box									
⇒	City, State, ZIP5, ZIP4		Flowood	MS	39232 -					